FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) MCCONNELL, MITCH, , ,								_		
	(b) Address (number and street) 2318 DUNDEE ROAD	☐ Check if address changed			Candidate's FEC Identification Number Cally 2004 2			_			
	(c) City, State, and ZIP Code					\$2KY00012 3. Is This No	2W	Amended	<u> </u>		
	LOUISVILLE		KY	4020		Statement (N		x (A)			
4.	Party Affiliation	5. Office Sought				rict of Candidate			_		
	REPUBLICAN PARTY	Senate			KY	00					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)										
	NOTE: This designation should be f	iled with the appro	opriate office	e listed in tl	ne instructions.						
	(a) Name of Committee (in full) MCCONNELL SENATE COMMITTEE										
	(b) Address (number and street) PO BOX 1496								_		
	(c) City, State, and ZIP Code								_		
	LOUISVILLE				KY	40201					
Ω	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my										
0.	candidacy.	ied committee, wi	IICII IS NOT	тту рттогр	ai campaigir coir	innitiee, to receive and exp	Jena ranas	on benan or my			
	NOTE: This designation should be f	iled with the princi	pal campai	gn committ	ee.						
(a) Name of Committee (in full) MCCONNELL FOR MAJORITY LEADER COMMITTEE											
(b) Address (number and street) 228 S WASHINGTON ST STE 115											
	(c) City, State, and ZIP Code								_		
	ALEXANDRIA				VA	22314					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate					Date			_		
M	cConnell, Mitch, , ,			[Elect	ronically Filed]	03/02/2021					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	MCCONNELL VICTORY COMMITTEE								
	(b) Address (number and street) 228 S. WASHINGTON ST. STE. 115								
	(c) City, State, and ZIP Code								
	ALEXANDRIA VA 22314								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)	-							
	(c) City, State, and ZIP Code	-							
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	(b) Address (number and street)								
	(c) City, State, and ZIP Code	-							
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	(a) Name of Committee (in full)								
	(b) Address (number and street)	-							
	(c) City, State, and ZIP Code								